

SEP 27 2006

Approved for use through 03/31/2007. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

### Applicant Initiated Interview Request Form

Application No.: 10 /817,311 First Named Applicant: Grant Edward Carlson  
Examiner: A. Edwards Art Unit: 2835 Status of Application: Pending

**Tentative Participants:**

(1) Examiner Edwards (2) Mitchell K. McCarthy  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

Proposed Date of Interview: To be determined by Examiner Proposed Time: \_\_\_\_\_ (AM/PM)

**Type of Interview Requested:**

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: \_\_\_\_\_

### Issues To Be Discussed

| Issues<br>(Rej., Obj., etc)                          | Claims/<br>Fig. #s | Prior<br>Art | Discussed                | Agreed                   | Not Agreed               |
|--|--------------------|--------------|--------------------------|--------------------------|--------------------------|
| (1) <u>Rej.</u>                                      | <u>1</u>           | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <u>Rej.</u>                                      | <u>9</u>           | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) <u>Rej.</u>                                      | <u>17</u>          | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) _____  | _____              | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Continuation Sheet Attached |                    |              |                          |                          |                          |

**Brief Description of Arguments to be Presented:**

Interview is necessary to discuss unresolved issues regarding the allowability of the independent claims.

An interview was conducted on the above-identified application on \_\_\_\_\_.

**NOTE:** This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

\_\_\_\_\_  
Applicant/Applicant's Representative Signature

\_\_\_\_\_  
Examiner/SPE Signature

Randall K. McCarthy

Typed/Printed Name of Applicant or Representative

39,297

Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, USPTO, Washington, DC 20593.

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**FACSIMILE TRANSMISSION COVER SHEET**

DATE: September 27, 2006

AUTO QUOTE: 73339

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 14

FROM: Mitchell K. McCarthy, Registration No. 38,794

TO: Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

| ADDRESSEE/ORGANIZATION | FAX NO.      | TELEPHONE NO. |
|------------------------|--------------|---------------|
| Art Group 2835         | 571/273-8300 | 571/272-4100  |
|                        |              |               |

RE: Application No. 10/817,311  
In re application of: Grant Edward Carlson, et al.  
Assignee: SEAGATE TECHNOLOGY LLC  
Dkt. No.: STL11717

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CONTACT OUR TELECOPY DEPARTMENT AT (405) 232-0621 AS SOON AS POSSIBLE.**

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Transmission by Facsimile on September 27, 2006

PATENT  
Dkt. STL11717

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Grant Edward Carlson and Karl Heinz Cunha  
Assignee: SEAGATE TECHNOLOGY LLC  
Application No.: 10/817,311 Group No.: 2835  
Filed: April 2, 2004 Examiner: A. Edwards  
For: SHELF WITH REMOVABLE BACKPLANE

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

## TRANSMISSION

☒ facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

Date: September 27, 2006

  
Signature

Diana C. Anderson

(Type or print name of person certifying)

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### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|  | (Col. 1)                                  | (Col. 2)                             | (Col. 3)         | OTHER THAN A SMALL ENTITY |               |      |  |
|--|---|--------------------------------------|------------------|---------------------------|---------------|------|--|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                      | ADDIT.<br>FEE |      |  |
| TOTAL  | 17  | - 20                                 | = 0              | x \$ 50.00                | = \$          | 0.00 |  |
| INDEP.   | 3   | - 3                                  | = 0              | x \$ 200.00               | = \$          | 0.00 |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                  | + \$ 0.00                 | = \$          | 0.00 |  |
|  |   |                                      |                  | TOTAL<br>ADDIT. FEE       | \$            | 0.00 |  |

No additional fee for claims is required.

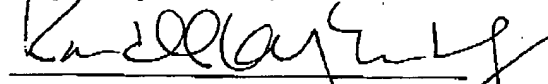
### FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 06-0540.  
If an additional fee for claims is required, charge Account No. 06-0540.

Date: \_\_\_\_\_

9/27/06

Respectfully submitted,



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